



## **STATE OF ARKANSAS**

### **ARKANSAS DEPARTMENT OF HEALTH (ADH)**

#### **NOTICE OF FUNDS AVAILABILITY (NOFA)**

**For**

**Arkansas Stroke Registry (ASR)  
Existing Members or  
New Members**

**Date Issued:**

August 1, 2014

## A. Overview

The purpose of this Notice of Funds Availability (NOFA) is to recruit and encourage ongoing participation in the American Heart Association's *Get With The Guidelines*®-Stroke Patient Management Tool (GWTG-SPMT). The GWTG-SPMT enables participation in the Arkansas Stroke Registry (ASR), which is a Centers for Disease Control and Prevention (CDC) Paul Coverdell National Acute Stroke Registry program. The ASR provides funds to cover the cost of GWTG-SPMT licenses for hospitals in Arkansas who wish to participate in the program and submit stroke patient data for reporting to the State of Arkansas and CDC.

To help combat strokes and its poor outcomes, the Acute Stroke Care Task Force helped develop the ASR in 2011. The ASR functions to collect stroke data, monitor stroke trends, and evaluate stroke care performance and outcome measures from hospitals that deliver stroke care. The ASR collaborates closely with EMS and participating hospitals for timely data reporting, quality improvement, and training interventions to reduce stroke deaths and disability.

Funds will be awarded on a first come, first serve basis to the first fifty-five (55) hospitals applying to the Arkansas Department of Health and based on availability of funding.

## B. Funding Availability

Limited funding is available to hospitals who serve Arkansas residents with stroke or stroke like symptoms. Outcome Sciences (part of Quintiles, Inc.) is the software vendor for the GWTG-SPMT. Note that if your hospital is newly joining the ASR program, the license fee for the GWTG-SPMT may be pro-rated.

The ADH notifies applicants of their award. Upon receipt of the sub-grant award, all new and returning applicants are required to sign two agreements, (a) the first agreement is a sub-grant agreement with the ADH to be signed and returned to the ADH within 30 days of award notification, and (b) a Coverdell Participating Hospital Agreement to be signed between the ASR sub-grantee and Outcome Sciences, Inc. for sub-grantees who have not previously signed this agreement (see section D. below).

NOTE: Reimbursements will be made only on purchases dated after the final ADH sub-grant agreement award is executed and issued to the sub-grantee.

## C. Benefits of Participation

Benefits hospitals receive from participating in the ASR include the following:

- **Optimized stroke patient care** by tracking and improving key performance measures over time.
- **Comparison benchmarks** for performance measures with other hospitals based on low, medium, and high stroke volumes.
- **Access to real-time stroke patient data** for participating hospitals to support quality improvement initiatives.
- **Technical assistance** and data abstraction support either through external CMS vendor or the ADH.
- **Quality improvement support** provided by ADH stroke registry nursing staff.
- **Value-oriented workshop training** by stroke experts to maximize patient care.

- **Use of new evidence-based best practices** for optimal stroke care.
- **Eligibility for national recognition** and quality awards for stroke care from the American Heart Association/American Stroke Association.
- **Preparation for Joint Commission Certification** by active participation in a Joint Commission recognized stroke registry.
- **Improved documentation of stroke patient care** to minimize medical errors.

#### **D. ASR Sub-grantee Requirements**

Each ASR hospital awarded funds needs to sign an authorized Coverdell Participating Hospital Agreement with Outcome Sciences, Inc. (if your hospital is already participating in the ASR program this agreement should already be in place). The ASR sub-grantee is to ensure the following activities are completed during their grantee period of the ASR sub-grant:

1. Designate a stroke care leader i.e. physician/nurse/coordinator to be the point of contact for the ADH-ASR to lead program efforts.
2. Abstract and enter 100% of stroke patient data within three (3) months following the patient's discharge date into the ADH-ASR database according to Outcome's coding instructions for inclusion/exclusion criteria.
3. Ensure that each stroke discharge record is saved as a complete Coverdell form.
4. Ensure that five (5) stroke discharge records are re-abstracted for every program year either according to Joint Commission requirements for Primary Stroke Centers, or ASR guidelines. Sub-grantee hospitals that administer tissue plasminogen activator (tPA) need to abstract at least one tPA patient discharge record in the sample.
5. Complete an online annual hospital inventory survey measuring stroke care capacity.
6. Provide at least one representative to participate in conference calls and workshops organized by the ADH.

#### **E. Eligibility Requirements**

This NOFA is applicable to all hospitals in Arkansas and neighboring states registered either with the Arkansas Hospital Association or their State Hospital Association and who treat stroke patients residing in Arkansas.

**F. Submission Criteria**

Applicants are to complete the application form on page 5.

Mail application to:

Arkansas Department of Health (NOFA-ASR2014)  
Attention: David Vrudny  
4815 W. Markham Street  
Slot # 6  
Little Rock, AR 72205

**G. Number of Copies and Application Format**

Applicants must provide one (1) ink-signed original.

**H. Type of Award/Reimbursement**

Once awarded, funds will be distributed through a standard Arkansas Department of Health reimbursement process. No funds will be advanced. Reimbursable expenditures will be reimbursed as long as expenditures follow the budget guidelines that were submitted in the grant application.

## Application Form

<b>LEGAL APPLICATION</b>					
<b>Official Name of Hospital</b>					
Address					
City					
State		Zip		County	

<b>FIDUCIARY AGENT</b> <i>Note: This person is the primary point of contact at your hospital for all matters related to distribution of funds and signing the ADH sub-grant agreement for this NOFA</i>					
Name			Title		
E-mail			Department		
Phone			Fax		
Signature				Date	

<b>PROJECT MANAGER</b> <i>Note: This person is the primary point of contact at your hospital for all program matters related to the ASR</i>					
Name			Title		
E-mail			Department		
Phone			Fax		
Signature				Date	

- a. Are you a critical access site? Circle **Yes** or **No**
- b. What is your site's tax ID number? \_\_\_\_\_
- c. What is your site's business type? Circle **Governmental Agency** or **Non-Profit** or **Profit**
- d. What is your site's fiscal year start date?
- e. What is your site's fiscal year end date?
- f. What is your site's number of ischemic stroke cases in the last 12 months?
- g. What geographic county areas does your hospital cover?
- h. Check the box that applies for your hospital:
 

☐ Current ASR Member (July – June billing cycle for the GWTG-SPMT)  
☐ Current ASR Member (January - December billing cycle for the GWTG-SPMT)  
☐ Joining ASR as New Member (pro-rated billing cycle for the GWTG-SPMT)

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Authorized Signature (Ink)

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Title